

CLAIMS ONLY

Application Number

10/694 950

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3			1			
4						
5						
6			1			
7						
8						
9	1					
10		1				
11		1				
12		1				
13		1				
14	1					
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49						
50						
Total Indep	4					
Total Depend	13					
Total Claims	17					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Dep
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Total Indep						
Total Depend						
Total Claims						